

Form Number 2

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF: _____

Petitioner,

and

Respondent.

VERIFIED PETITION TO TERMINATE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now _____, pro se, and hereby files a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have _____ minor child (ren), namely:

NAME

DATE OF BIRTH

_____	_____
_____	_____
_____	_____
_____	_____

2. On _____, this Court ordered that _____ pay child support to _____ in the weekly amount of \$ _____ for the above named child(ren) effective on _____.

3. The following child(ren) is/are emancipated: _____

4. The reason that my child(ren) is/are emancipated is as follows:

___ The child has turned twenty-one (21) years of age. _____

___ The child is at least eighteen (18) years of age; the child has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and the child is or is capable of supporting himself/herself through employment. _____

___ The child has joined the United States armed services. _____

___ The child has married. _____

___ The child is not under the care or control of either parent or an individual or agency approved by the court. _____

5. The date(s) upon which my child(ren) became emancipated was _____
_____.

54 6. My child support obligation should be terminated because of the emancipation of my
55 child(ren) _____.

56
57 7. The termination of my support obligation should be retroactive to the date(s) stated in
58 Paragraph 5 above.

59
60 8. I therefore ask the Court to set this matter for a hearing

61
62 WHEREFORE, _____ requests that this Court set this matter for hearing for the
63 purpose of declaring my child(ren) emancipated, for terminating my child support obligation due to the
64 emancipation of my child(ren), and order all other further relief that is just and proper in the premises.

65
66 I affirm under the penalties of perjury that the foregoing representations are true.

67
68
69 _____
Signature

70
71 _____
Print your name

72
73 _____
Mailing address

74
75 _____
Town, State and Zip Code

76
77 _____
Telephone number, with area code

78
79
80 CERTIFICATE OF SERVICE

81
82 I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the
83 opposing party if the opposing party is not represented by an attorney, on _____.

84
85
86 _____
Signature

87
88 _____
Print your name